ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
INDIVIDUAL SUPPORT PLAN (ISP)

ISP - PREFERENCES AND VISION OF THE FUTURE

INDIVIDUAL'S NAME *(Last, First, M.I.)*	DATE

PREFERENCES

Discuss things that work for the person; i.e., things that create **motivation**, **interest**, and **success**. Discuss things that do not work for the person; i.e., things the person dislikes, or that create boredom, frustration, or upsets. Consider **choices** the person now makes and would like to make.

What Works for the Person	What Does NOT Work for the Person

Use this space to record the person's Vision of the Future, Long Term Goals, and/or areas in which his/her Quality of Life can be improved. Consider home, work/school and community settings.